



## Oral Warning

*Lake County Board of County Commissioners*

This form can be used to document a Corrective Action - Oral Warning. Employees are expected to be productive while at work, and maintain ethical, behavioral and performance standards as outlined in the County's Policies and Procedures. When necessary, corrective action will be taken to maintain such standards. The County's progressive corrective action may include an Oral Warning, Written Warning, Suspension without Pay, Demotion, or Termination.

**This document is retained at the department level.** Should future action be necessary for the reason this warning has been issued, then this document should be attached to such corrective action and submitted to the Office of Employee Services.

Date: \_\_\_\_\_ Date of offense, if applicable: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Job Title: \_\_\_\_\_

Corrective Action(s) is/are taken because of the seriousness of the situation, and to inform you that The County will not tolerate such standards of performance and/or conduct.

***Oral Warning:***

Describe the reason for the Oral Warning. Be specific and include date(s), time(s), describe incident(s) in detail, name witness, attach supporting documents, and cite violations to County Policies and Procedures. In addition, include expectations and deadlines to be met.

***Signatures:***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*I understand that my signature does not necessarily mean that I agree with this Oral Warning: it is just an acknowledgment of receipt.*

\_\_\_\_\_  
Name of Supervisor (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date